



BRADYCARDIAS - ADULT

STABLE BRADYCARDIA

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Heart rate less than 50 bpm.
2. Signs of adequate tissue perfusion.

BLS INTERVENTIONS

1. Recognition of heart rate less than 60 bpm.
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated.

ALS INTERVENTIONS

1. Establish vascular access if indicated. If lung sounds clear, consider bolus of 300cc NS, may repeat.
2. Place on cardiac monitor and obtain rhythm strip for documentation with copy to receiving hospital. If possible, obtain a 12 lead ECG to better define the rhythm.
3. Monitor and observe for change in patient condition.

UNSTABLE BRADYCARDIA

FIELD ASSESSMENT/TREATMENT INDICATORS

Signs of inadequate tissue perfusion/shock, ALOC, or ischemic chest discomfort.

BLS INTERVENTIONS

1. Recognition of heart rate less than 60 bpm.
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated.

ALS INTERVENTIONS

1. Administer IV bolus of 300cc. Maintain IV rate at 300cc/hr if lungs remain clear to auscultation.
2. Place on Cardiac monitor and obtain rhythm strip for documentation. If possible, obtain a 12 lead ECG to better define the rhythm. Provide copy to receiving hospital.
3. Administer Atropine 0.5mg IVP. May repeat every five (5) minutes up to a maximum of 3mg or 0.04mg/kg.
4. If Atropine is ineffective or, for documented MI, 3rd degree AV Block with wide complex and 2nd degree Type II AV Block, utilize Transcutaneous Cardiac Pacing, per Protocol Reference #10110.
5. Consider Dopamine 400mg in 250 cc of NS to infuse at 5-20 mcg/ kg/min, titrated to sustain a systolic B/P greater than 90mmHg for signs of inadequate tissue perfusion/shock.
6. Contact Base Station if interventions are unsuccessful.